

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001254

Entity Name: NEW CONTINENT VENTURES, INC.

FILED  
Jan 21, 2009  
Secretary of State

## Current Principal Place of Business:

800 BRICKELL AVE., SUITE 1000  
MIAMI, FL 33131

## New Principal Place of Business:

800 BRICKELL AVE.  
1000  
MIAMI, FL 33131

## Current Mailing Address:

800 BRICKELL AVE., SUITE 1000  
MIAMI, FL 33131

## New Mailing Address:

800 BRICKELL AVE.  
1000  
MIAMI, FL 33131

FEI Number: 20-0201938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ONOFRE SERVERA ANDRE, U  
Address: GREMIO TONELEROS 24  
City-St-Zip: MALLORCA, SP 07009 SP

Title: S ( ) Delete  
Name: GERONDEAU, ANDRE P  
Address: 800 BRICKELL AVE., SUITE 1000  
City-St-Zip: MIAMI, FL 33131 US

Title: D ( ) Delete  
Name: SERVERA, ONOFRE  
Address: GREMIO TONELEROS 24  
City-St-Zip: MALLORCA, SP 07009 SP

Title: D ( ) Delete  
Name: GERONDEAU, ANDRE P  
Address: 800 BRICKELL AVE SUITE 1000  
City-St-Zip: MIAMI, FL 33131 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRE P. GERONDEAU

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01/21/2009

Electronic Signature of Signing Officer or Director

Date